2949304706707

For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

SCANNED MAR 2 8 2019

Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information

Open to Public Inspection

_			· · · · · · · · · · · · · · · · · · ·	7 /01 /15		^	6/20/	1.0			7.7000	
<u>A</u>		calendar year, or tax year l					<u>6/30/</u>	1.8	7		11. 15. 1	
В	Check if applicable	C Name of organization	EARLY LEAF	RNING CO	ALITION (OF			D Em	pioyer	Identification number	
\sqcup	Address change	P	PINELLAS C	COUNTY,	INC			_				
	Name change	Doing business as							59	-37	26679	
	Mairie Citange	Number and street (or P O box		ed to street addre	ss)			Room/suite			number	
\sqcup	Initial return	2536 COUNTRYSI	IDE BLVD						72	7 - 5	48-1439	
	Final return/	City or town, state or province, of	country, and ZIP or fe	oreign postal cod	е				J			
	terminated	CLEARWATER		FL 3376	3				G Gro	ss recei	pts\$ 49,834	,904
Ш	Amended return	F Name and address of principal of										
	Application pending	CRAIG PHILL	TDG					H(a) is this a	group retur	n for sub	oordinates? Yes	X No
	., .							H(b) Are all	oubordinate	on inclus	ted? Yes	□ No
		611 DRUID RI	J.		2256		_	1				Ш
		CLEARWATER		<u> </u>	<u> 33756</u>		2	" '	NO, allaci	a 1151 (5	ee instructions)	
1_	Tax-exempt status	X 501(c)(3) 501(c		(insert no)	4947(a)(1) or		627)	_				
J	Website 🕨 V	WW.ELCPINELLA	S.NET					H(c) Group	exemption i	number	<u> </u>	
ĸ	Form of organization	X Corporation Trust	Association	Other >		1	L Y	ear of formation	2001		M State of legal domicili	e FI
P	art Si	ummary				•						
		escribe the organization's m	ussion or most o	significant ac	tivities							
	1	LEAD THE COMMUNIT		•		DET.	TUPDV /	NE & HTC	מזוח שי	TTT	v	
ည									_		ī	
<u>E</u>	1	LY LEARNING SYSTE									_	
ě		D'S POTENTIAL AN								LIE	S.	
Governance	2 Check th	is box ▶ 🔛 if the organiza	ation discontinue	ed its operation	ons or dispose	d_of_m	ore than 25	% of its net	assets			
ಹ	3 Number	of voting members of the go	overning body (f	Part VI, line 1	a)		RECE	IVED	i L	3	26	
es	4 Number	of independent voting meml	bers of the gove	ernina body (Part VI, line 1				J ان	4	26	
Activities		mber of individuals employed			t V (ine 2a)	φ			χI	5	97	
Ė		mber of volunteers (estimate	•		1	B648	FEB 1	ł 2019	۲ ايز	6	0	
⋖		•	• •	luman (C) lung	1	"L_		I	RS-O	7a		
		elated business revenue fro			1		OGDE		_I ⊢	$\overline{}$		
_	b Net unre	lated business taxable incor	me from Form 9	990-1, line 34			JUUL	Prior		7b	Current Year	0
	0 0	hans and search (Dark VIII) to	46				F	49,4		3 1	49,732,	222
ne	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g)											
Revenue	_	, ,	•						45,0		102,	
è	10 Investme	ent income (Part VIII, columi	n (A), lines 3, 4,	, and 7d)			-	 -		0		0
	11 Other rev	venue (Part VIII, column (A),	, lines 5, 6d, 8c	, 9c, 10c, and	d 11e)		L					0
	12 Total rev	enue – add lines 8 through	11 (must equal	Part VIII, col	umn (A), line 1	12)		49,5	43,3	47	49,834,	904
	13 Grants a	nd similar amounts paid (Pa	art IX, column (A	A), lines 1-3)					33,2	93	165,	294
ĺ	14 Benefits	paid to or for members (Par	rt IX. column (A). line 4)			ſ					
"		other compensation, emplo		•	n (A) lines 5	.10\	T	4.6	66,7	61	4,637,	335
Expenses		onal fundraising fees (Part I)	-		iii (74), iiii03 0—	10)	 	7 - 0	00,,	* - -	2/03//	
eu		• ,		•			, F					
꿃		draising expenses (Part IX,	• • •	•		,	o	4.4. 57	00 0	 	45 010	404
		penses (Part IX, column (A)					-	44,7			45,012,	
	18 Total exp	enses Add lines 13-17 (mu	ust equal Part I	X, column (A), line 25)			49,4			49,815,	
	19 Revenue	less expenses Subtract line	e 18 from line 1	12					60,4			791
Net Assets or Fund Balances							L	Beginning of (End of Year	
sets	20 Total ass	ets (Part X, line 16)					L	4,3	<u>08,7'</u>	70	3,959,	
t As	21 Total liab	ulities (Part X, line 26)						-4,0	96 <u>,5</u>	61	3,727,	090
影	22 Net asse	ts or fund balances Subtract	t line 21 from b	<u>ne 20</u>				2	12,2	09	232,	000
		gnature Block		7								
		perjury, I declare that have ex	amined this return	n implication acc	companying sch	edules :	and stateme	nts and to the	hest of m	w know	wledge and belief it	
		omplete Declaration of prepare								, KIIO	l l	13
—				¥					-3-	. / .	4:/	5
٥.	-									<u> </u>	((/ 70 / '	1
Sig	'' [ignature of officer	_	.						Date	7	,
Her	'e 👠 _	CRAIG PHILLIP	'S				CHAIR			<u> </u>	<u> </u>	
	Т	ype or print name and title					/			_		
	Print/Type	e preparer's name		Preparer's signa	iture			Date	Tc	heck	if PTIN	
Paid	W. ED	MOSS JR.		4,1	Mos	1		01/2	25/19 se	ı elf-emplo	Dyed P00531414	4
Pre	parer Firm's nar		RUSICK	E ASSO	TATES	LLC	<u> </u>	<u>L / -</u>	Firm's EIN		59-30170	
	Only		EW YORK						i iiiii s Elf		00 001/0	<u> </u>
					39-4241				l		407-644-5	: 211
<u></u>	Firm's add		PARK, F						Phone no			
ıvıay	the IRS discus	s this return with the prepare	er snown above	e / (see instru	ctions)						X Yes	No

Form 990 (2017)

	Statement of Program Service Accomplishments	79 Page 2
्Part III —————	Check if Schedule O contains a response or note to any line in this Part III	X
•	describe the organization's mission CHEDULE O	
prior Fo	organization undertake any significant program services during the year which were not listed or irm 990 or 990-EZ? 'describe these new services on Schedule O	n the Yes X No
services	organization cease conducting, or make significant changes in how it conducts, any program s? 'describe these changes on Schedule O	Yes X No
4 Describe	e the organization's program service accomplishments for each of its three largest program services. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and lexpenses, and revenue, if any, for each program service reported.	
THE ENTER THE EN)(Expenses \$ 31,978,908 including grants of \$ 165,29 L READINESS (SR) PROGRAM: THE ELC'S SCHOOL READ LEMENTS NECESSARY TO PREPARE AT-RISK CHILDREN FOR SCREENINGS/REFERRALS AND AN APPROPRIATE EDUCACES ARE PROVIDED ON A FULL DAY, FULL-YEAR, AND XTENT POSSIBLE IN ORDER TO ENABLE PARENTS TO WO SUFFICIENT. THE DELIVERY OF SR PROGRAMS ARE CONDERS AND SCHOOL-BASED SITES OPERATED BY PUBLIC OGRAMS ARE FUNDED THROUGH A MIXTURE OF FEDERAL G THE YEAR 2017-2018, THE COALITION RECEIVED \$3 NG FROM THE STATE OF FLORIDA. COALITION SERVED REN PER MONTH IN APPROXIMATELY 400 CHILD CARE IS	FOR SCHOOL, INCLUDING ATIONAL PROGRAM. SR FULL-CHOICE BASIS TO DRK AND BE FINANCIALLY MPRISED OF CHILD CARE AND NONPUBLIC SCHOOLS. AND STATE FUNDS. 30 MILLION IN THE SR AN AVERAGE OF 9,041
PREKII IS ELE THAT E STANDE PREKII NONPUE REVENE THE AL LIMITE)(Expenses \$ 15,029,324 including grants of \$ TARY PREKINDERGARTEN (VPK) PROGRAM: THE ELC'S VINDERGARTEN PROGRAM PROVIDES THAT EVERY FOUR-YEAR IGIBLE FOR A FREE, HIGH QUALITY PREKINDERGARTEN SHALL BE VOLUNTARY AND DELIVERED ACCORDING TO FARDS. THE DELIVERY SYSTEM FOR THE VPK PROGRAM INDERGARTEN PROVIDERS AND OF SCHOOL-BASED SITES BLIC SCHOOLS. THE VPK PROGRAM IS FUNDED FULLY WE (GR) FUNDS. LLOWABLE VPK ADMINISTRATIVE, ENROLLMENT, AND MODED TO 4.00% OF THE TOTAL SLOT EXPENDITURES. THE ISTRATION WAS UNDER THE STATE AND FEDERAL REQUI	AR OLD CHILD IN FLORIDA N LEARNING OPPORTUNITY PROFESSIONALLY ACCEPTED IS COMPRISED OF PRIVATE OPERATED BY PUBLIC AND WITH STATE GENERAL ONITORING EXPENSES ARE E SPENDING RATE FOR
OF THI CARE S FEDERA EMPLOS LOCAL)(Expenses \$ 1,254,574 including grants of \$ CARE EXECUTIVE PARTNERSHIP (CCEP) PROGRAM: THE E SCHOOL READINESS PROGRAM/GRANT AND THE PURPOS SUBSIDIES FOR LOW-INCOME WORKING FAMILIES BY UT AL FUNDS AS INCENTIVE FOR MATCHING LOCAL FUNDS YERS, CHARITABLE FOUNDATIONS AND OTHER SOURCES. GOVERNMENTS AND OTHER ENTITIES CONTRIBUTE DOLL TO A PURCHASING POOL IDENTIFIED SPECIFICALLY WITON SERVICES TO ELIGIBLE CHILDREN.	SE IS TO EXPAND CHILD FILIZING STATE AND FROM LOCAL GOVERNMENTS, LOCAL BUSINESSES, LAR-FOR-DOLLAR MATCHING

4d Other program services (Describe in Schedule O)

including grants of \$ 48,262,806

) (Revenue \$

Part IV	Checklist of Required Schedules		,	
•			Yes	No
	organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
·-	lete Schedule A	1	<u>X</u>	
	organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X	
	e organization engage in direct or indirect political campaign activities on behalf of or in opposition to		Ì	
candi	dates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
	on 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	on in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
	organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	sments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
Part I		5_		X
	e organization maintain any donor advised funds or any similar funds or accounts for which donors	- 1		
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
•	complete Schedule D, Part I	_6_		X
	e organization receive or hold a conservation easement, including easements to preserve open space,			
	ivironment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	e organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	ete Schedule D, Part III	8		<u> </u>
	e organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	dian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	egotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>
	e organization, directly or through a related organization, hold assets in temporarily restricted			37
	ments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	7	X
	organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	II, IX, or X as applicable			
	e organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		ا ب	
•	ete Schedule D, Part VI	11a	Х	
	e organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			v
	otal assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
	e organization report an amount for investments—program related in Part X, line 13 that is 5% or more			v
	otal assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	-	<u> </u>
	e organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			v
	ed in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		$\frac{\mathbf{x}}{\mathbf{x}}$
	e organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
	e organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445	l ټ ا	
	ganization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
_	e organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	v	
	lule D, Parts XI and XII	12a	Х	
	ne organization included in consolidated, independent audited financial statements for the tax year? If	425		v
•	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
	e organization maintain an office, employees, or agents outside of the United States?	14a		
	e organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	ising, business, investment, and program service activities outside the United States, or aggregate	445		х
	ninvestments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
	e organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		х
	of foreign organization? If "Yes," complete Schedule F, Parts II and IV	, 15		
	e organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.0		v
	ance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
	e organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
	c, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
	e organization report more than \$15,000 total of fundraising event gross income and contributions on			v
	III, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
	e organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	45		v
<u>if "Yes</u>	" complete Schedule G, Part III	19	_n 990	<u> </u>

Form 990 (2017) EARLY LEARNING COALITION OF
Part IV Checklist of Required Schedules (continued)

	are very service of Rodanou communication		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	<u> </u>	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	the state of the s			
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L. Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
_	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
•	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
•	or IV, and Part V, line 1	34		x
35a		35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
- -	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	- 		
JU	19? Note. All Form 990 filers are required to complete Schedule O	38	x	

P	art V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
	1	1			Yes	No
1a		1a	264	_		
b	.,	1b	_ 			
С						
_	reportable gaming (gambling) winnings to prize winners?			1c		
2a	1	.	97			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	91		х	}
b				2b	<u> </u>	
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			32		х
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C	,		3a 3b	 - -	
4a			v	30		
₹a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		, y			
	account)?	inola.		4a		x
b	If "Yes," enter the name of the foreign country			7.77		-
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	ccount	ts			
	(FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a]	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transacti	ion?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	:				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	if "Yes," did the organization include with every solicitation an express statement that such contribution	is or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	oods				
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	,		1_		
	required to file Form 8282?	ادحا		7c		
d		7d		- - -,		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con		•	7e 7f		
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract. If the organization received a contribution of qualified intellectual property, did the organization file Forr		9 se reguired?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7 <u>9</u>		
R.	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
•	sponsoring organization have excess business holdings at any time during the year?	D ,	•	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a		_		
þ	Gross income from other sources (Do not net amounts due or paid to other sources					
	· · · · · · · · · · · · · · · · · · ·	11b		_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1			12a		
		12b		_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O					
þ	Enter the amount of reserves the organization is required to maintain by the states in which	40.				
	F	13b	· · · · · · · · · · · · · · · · · · ·			
		13c	·			v
		^		14a 14b	\dashv	<u>X</u>
0	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 6	J		140		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	26			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O	1			1	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	26			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				1	
	any other officer, director, trustee, or key employee?			2	<u> </u>	X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?		4	<u> </u>	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a	l	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by t	he followin	ıg 💮		
а	The governing body?	•		8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nal R	evenue	Code)		
					Yes	No
I0a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		L
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the fo	rm?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				, , , , ,	
I2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	nflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c	X	İ
13	Did the organization have a written whistleblower policy?			13	х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
5	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					ĺ
а	The organization's CEO, Executive Director, or top management official			15a	х	ĺ
b	Other officers or key employees of the organization			15b	х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					ĺ
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					į
	organization's exempt status with respect to such arrangements?			16b		i
Sec	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed ▶ FL					
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 50	1(c)(3)	s only)			
	available for public inspection. Indicate how you made these available. Check all that apply	. , , ,	• •			
	X Own website Another's website X Upon request Other (explain in Schedule O)					
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	st poli	cy, and			
	financial statements available to the public during the tax year	r-"	••••			
0	State the name, address, and telephone number of the person who possesses the organization's books and record	ds 🕨				
	RITA KAFEXHIU 2536 COUNTRYSIDE BLVD.	-				
	EARWATER FL 3376	3	7	27-54	8-1	439

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week (list any	bo off	(C) Position to not check more than one ox, unless person is both an ficer and a director/trustee)			s both i	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) CRAIG PHILLIPS										
	1.00									
CHAIR	0.00	X		ł				0	0	0
(2) JACK GELLER						П				
	1.00									
SECRETARY	0.00	x						o	0	0
(3) ELLIOT STERN		1				Ħ				
(,,	1.00									
TREASURER	0.00	x						o	0	0
(4) JOSHUA DRECHSEL		1			┢				<u> </u>	
(,, , , , , , , , , , , , , , , , , , ,	1.00									
BOARD MEMBER	0.00	X	•]]		0	0	0
(5) SUSAN JOHNSON	<u> </u>	T			┢				<u></u>	
(3, 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1.00									
BOARD MEMBER	0.00	x						o	0	0
(6) CELESTE FERNANDE		 			┢	 				<u>-</u>
(0, 022222	1.00	Į								
BOARD MEMBER	0.00	x						ol	0	0
(7) HARRY FOGLE	0.00	-			_					
(//MMCRC1 100DB	1.00									
BOARD MEMBER	0.00	X						o	0	0
(8) YVONNE MALAGUE	0.00	<u> </u>			-	1	\neg			
(0) 2 7 011112 121211002	1.00									
BOARD MEMBER	0.00	x						o	0	0
(9) ANNE RYAN	0.00_	<u> </u>				\vdash	_			
(3)7111111111111111111111111111111111111	1.00] .]]]		
BOARD MEMBER	0.00	x						o	0	0
(10) ELLEN LASHER	0.00_	^			-	 	\dashv			
Manca Madua (VI)	1.00									
BOADD MEMBED	0.00	x						o	0	0
BOARD MEMBER (11) PHILLIP RUSSELL	0.00	^	\vdash	-	L	┝╼╌┼	\dashv		<u> </u>	<u> </u>
(INEUTHOTE KOSSEPP	1 00									
VICE CHAIR	1.00 0.00	x						o	, ο	0
DAA	0.00	_A								50m 990 (2017)

Part VII Section A. Officers	, Directors, Tru	ıstee	s, K	еу Е	mpl	oyee	s, a	nd Highest Compensated	d Employees (continued)	•	
(A) Name and title	(B) Average hours per week (list eny hours for	of	ix, unte ficer a	Pos check ess pe nd a c	rson i	than cost both or/trust	ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization	
	related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(***21033******30)		and related organizations	
(20) JACKIE LANG	1.00										
BOARD MEMBER	0.00	x						0	o		0
(21) COMM. KAREN S	EEL										-
BOARD MEMBER	1.00	x						0	o		0
(22) NICK MEZA			—								
	1.00									:	
BOARD MEMBER	0.00	X			L.			0	0		0
(23) ERICA BOLLINE											
	1.00	ĺ		ĺ	ĺ						_
BOARD MEMBER	0.00	X		 				0	_0		0
(24) LOUNELL BRITT	1.00										
BOARD MEMBER	0.00	x						0	o		0
	AVIS	^			├─	\vdash					-
	1.00								!		
BOARD MEMBER	0.00	x						О	o		0
(26) JESSICA HOOPE											
	1.00										
BOARD MEMBER	0.00	X						0	0		0
(27) LINDSAY CARSO	N										
CEO	45.00			х				121,573	0		0
1b Sub-total	<u> </u>					٠	>	121,573	· · · · · · · · · · · · · · · · · · ·	······	
c Total from continuation shee	ets to Part VII,	Secti	on A	١.			>				
d Total (add lines 1b and 1c) Total number of individuals (in	cluding but not l	ımıte	d to	thos	a liet	e had	boye) who received more than	\$100,000 of		
reportable compensation from	•				- 113					Yes	No
3 Did the organization list any fo								oyee, or highest compensa	ited		••
 employee on line 1a? If "Yes," For any individual listed on line organization and related organ 	e 1a, is the sum	of re	porta	able	com	pens	atio			3	
ındıvıdual	-							•		4	
5 Did any person listed on line 1 for services rendered to the or									maranda	5	
Section B. Independent Contracto											
Complete this table for your five compensation from the organization.	e highest comp	ensa	ted i	nder	end for th	ent c	ontr	actors that received more that rear ending with or with	than \$100,000 of	ar	
	(A) business address							Description	(B) tion of services	(C) Compensation	
											_
											—
	<u> </u>										
											
						,					<u> </u>
Total number of independent of a second control of the second	ontractors (incli	ıdır.	but	not I	Inc. is a	d to	thee	re listed above) who			
received more than \$100,000 c	of compensation	fron	the	orga	aniza	ation	UIO\$	e listed above) who			
DAA										Form 990 (2	:017)

Part VII Section A. Officers (A) Name and title	(B) Average hours per week (list any hours for	(d bo	o not e x, unle icer a	Pos check ess pe	C) sition more irson i	than o s both r/trusto	ne an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimated amount of other compensations from the	if ion
	related organizations below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			organization	d
(12) RAY HENSLEY	1.00				}							
BOARD MEMBER	0.00	x						0	0			0
(13) DR. SHANA RA	1											
BOARD MEMBER	1.00	x						o	o			0
(14) DR. MARCIE B		<u></u>										
	1.00									ĺ		
BOARD MEMBER	0.00	X	ļ		ļ			0	0			0
(15) JENNIFER BRAC	1.00											
BOARD MEMBER	0.00	x						o	0			0
(16) FAITH BORNOF												
	1.00											
BOARD MEMBER	0.00	X			ļ			0	0			0
(17) ERIC LYNN	1.00											
BOARD MEMBER	0.00	x						o	0			0
(18) PAULA MACDONA												
	1.00										,	
BOARD MEMBER	0.00	X						0	0			0
(19) NANCY ST, ARI	I											
BOARD MEMBER	1.00	x						ol	0			0
1b Sub-total												
c Total from continuation she	ets to Part VII, \$	Secti	on A				•	121,573				
_ d Total (add lines 1b and 1c)							<u> </u>	121,573				
2 Total number of individuals (in reportable compensation from				thos	e list	ed a	bove	e) who received more than	\$100,000 of			
											Y	es No
3 Did the organization list any for employee on line 1a? If "Yes,"								oyee, or highest compensa	ted		3	x
4 For any individual listed on line								n and other compensation	from the	1		
organization and related organ	nizations greater	than	\$15	0,00	0? <i>II</i>	"Yes	s," c	omplete Schedule J for suc	ch		4	x
individualDid any person listed on line 1	a receive or acc	rue c	omp	ensa	ation	from	n an	y unrelated organization or	individual		7	
for services rendered to the or	ganization? If "Y										5	X
Section B. Independent Contracto									h #400 000 - f			
1 Complete this table for your fix compensation from the organi										ar		
Name and	(A) business address							Descript	(B) ion of services		Comp	C) ensation
												
												
2 Total number of independent of	contractors (incli	dina	hut	not l	mito	d to	thos	e listed above) who				
received more than \$100,000									0			

P	art \	VIII Statement of Check if Sch	of Reven	ue contai	ns a response	or note to any line	ın this Part VIII		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants	1 a b c c c c c c c c c c c c c c c c c c	A Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, grand similar amounts not included Noncash contributions included Total. Add lines 1a-1	ons) ants, ed above	1a 1b 1c 1d 1e 1f \$	48,191,139 1,541,194 4,800				
Bevenue	2a	TRAINING			Busn, Code	68,664 23,042	68,664	 	
Program Service Revenue	d e	1				10,865	10,865		
Prog	9		f		>	102,571			T
	3 4 5	Investment income (in and other similar amo Income from investme Royalties	unts)		•				
	6a b	Less rental exps	(ı) Real		(ii) Personal				
	d 7a	Net rental income or (I) Gross amount from sales of assets	loss) Securities		(II) Other				
		Less cost or other basis & sales exps Gain or (loss)							
e	d	Net gain or (loss) Gross income from fundra	aising events						
Other Revenue	b	(not including \$ of contributions reported of See Part IV, line 18 Less direct expenses	on line 1c)	a	•				
O	9a	Net income or (loss) fr Gross income from gamin See Part IV, line 19		a	ents >				
	С	Less direct expenses Net income or (loss) fr Gross sales of invento returns and allowances	ry, less	b	es •				
		Less. cost of goods so Net income or (loss) fro Miscellaneous	om sales o	b	ory Busn. Code				
	11a b c								
	d e 12	All other revenue Total. Add lines 11a-1 Total revenue. See in			>	49,834,904	102,571	0	0

Form 990 (2017) EARLY LEARNING COALITION OF Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) (C) (D) Do not include amounts reported on lines 6b. Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 165,294 165,294 individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, 121,573 91,173 30,400 trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 4,515,762 3,386,579 1,129,183 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) <u>97,9</u>34 194,750 96,816 a Management 44,385 105,831 61,446 b Legal c Accounting d Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 277,662 218,726 58,936 Office expenses 13 14 Information technology 15 Royalties 418,231 310,695 107,536 16 Occupancy 54,087 40,861 13,226 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 Payments to affiliates 14,237 22 Depreciation, depletion, and amortization 14,237 39,430 191 39,239 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) DIRECT PROVIDER SUPPORT 43,777,001 43,777,001 POSTAGE & PRINTING 51,969 48,343 3,626 COMMUNICATIONS 35,714 51,855 16,141 C DUES & SUBSCRIPTIONS 14,209 2,008 12,201 13,222 12,604 618 e All other expenses 48,262,806 Total functional expenses Add lines 1 through 24e 49,815,113 1,552,307 0 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 493,474 Cash-non-interest bearing 1 2,199,612 2 Savings and temporary cash investments 2 3,745,394 1,700,237 3 Pledges and grants receivable, net 3 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 40,074 43,650 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 164,390 other basis Complete Part VI of Schedule D 10a 10b 148,799 29,828 b Less accumulated depreciation 10c 15,591 11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 4,308,770 3,959,090 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 4,096,561 3,727,090 17 Accounts payable and accrued expenses 17 Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 4,096,561 3,727,090 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 212,209 27 Unrestricted net assets 27 232,000 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 212,209 232,000 33 33 3,959,090 4,308,770 Total liabilities and net assets/fund balances

Form 9	90 (2017) EARLY LEARNING COALITION OF 59-3726679			Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 T	otal revenue (must equal Part VIII, column (A), line 12)	1	49,8		
2 T	otal expenses (must equal Part IX, column (A), line 25)	2	49,8	15 <u>,</u>	<u> 113</u>
3 R	levenue less expenses Subtract line 2 from line 1	3			<u> 791</u>
4 N	let assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2:	12,	<u> 209</u>
5 N	let unrealized gains (losses) on investments	5			
6 D	onated services and use of facilities	6			
7 In	nvestment expenses	7			
8 P	rior period adjustments	8			
9 0	other changes in net assets or fund balances (explain in Schedule O)	9			
10 N	et assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1 1			
3:	3, column (B))	10	2	32,	000
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1 A	ccounting method used to prepare the Form 990 📗 Cash 🔀 Accrual 📗 Other				
lf	the organization changed its method of accounting from a prior year or checked "Other," explain in				į
S	chedule O				
2a W	/ere the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
lf	"Yes," check a box below to indicate whether the financial statements for the year were compiled or				ĺ
re	eviewed on a separate basis, consolidated basis, or both				
l	Separate basis Consolidated basis Both consolidated and separate basis				ĺ
b W	/ere the organization's financial statements audited by an independent accountant?		2b	X	
lf	"Yes," check a box below to indicate whether the financial statements for the year were audited on a				ĺ
se	eparate basis, consolidated basis, or both				ĺ
X	Separate basis Consolidated basis Both consolidated and separate basis				
c If	"Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
0	f the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
lf :	the organization changed either its oversight process or selection process during the tax year, explain in				ĺ
S	chedule O				
3a As	s a result of a federal award, was the organization required to undergo an audit or audits as set forth in			- 1	
th	e Single Audit Act and OMB Circular A-133?		3a	Х	
b If	"Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
re	quired audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	_X_	
			Fori	n 990	(2017)

DAA

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information

Open to Public

Name of the organization

EARLY LEARNING COALITION OF

Employer identification number 59-3726679

PINELLAS COUNTY, INC Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization (i) Name of supported (ii) EIN (v) Amount of monetary (vi) Amount of listed in your governing organization (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) (A) (B) (C) (D) (E)

Total

Schedule A (Form 990 or 990-EZ) 2017

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

	Part III II the organization	Tails to quality t	under the tests	nisted below, p	Acase complex	or aremy	
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	48,327,785	47,880,368	47,767,191	49,498,330	49,732,333	243,206,007
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	48,327,785	47,880,368	47,767,191	49,498,330	49,732,333	243,206,007
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						243,206,007
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	48,327,785	47,880,368	47,767,191	49,498,330	49,732,333	243,206,007
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	84	325	816			1,225
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10	<u> </u>		<u>_</u>			243,207,232
12	Gross receipts from related activities, etc					12	102,571
13	First five years. If the Form 990 is for the	organization's first,	, second, third, for	urth, or fifth tax yea	ir as a section 501	(c)(3)	, _
	organization, check this box and stop her						<u> </u>
Sec	tion C. Computation of Public Su	ipport Percent	age				T
14	Public support percentage for 2017 (line 6		•	n (f))		14	100.00%
15	Public support percentage from 2016 Scho					15	100.00%
l6a	33 1/3% support test—2017. If the organi				3 1/3% or more, c	heck this	. 17
	box and stop here. The organization quali	•	-				▶ <u>X</u>
þ	• • • • • • • • • • • • • • • • • • • •				5 is 33 1/3% or mo	ore, check	
	this box and stop here. The organization of	•	• • • •			44	
17a						-	
	10% or more, and if the organization meet						
	Part VI how the organization meets the "fa	cts-and-circumstan	ices" test The org	janization qualifies	as a publicly supp	ortea	▶ □
	organization	C 1645		hay on line 12 16	a 16h ar 17a an	d line	
D	10%-facts-and-circumstances test—201						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization me	ets the Tacts-and-	circumstances te	st the organizatio	m quamics as a pu	Diloty	▶ □
10	supported organization	d not chook a how -	n line 13 165 161	n 17a ar 17h aha	ock this have and se-	P	F [
18	Private foundation. If the organization did	I HULCHECK & DUX O	11 IIIIC 13, 10a, 101	J, 17a, 01 17b, Cile	or this box and se	•	▶ □
	instructions						
						schodulo A /Form	990 or 990-EZ) 2017

EARLY LEARNING COALITION OF

59-3726679

Part III	Support Schedule for Organizations Described in Section 509(a)(2)	
	(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part J	ļ

500	tion A Public Support	quality under t	ne tests listed	below, please c	ompiete Part I	1.)	
-	tion A. Public Support	(2) 2012	(b) 2014	(a) 2016	(4) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	/ (1) 10tai
'	fees received (Do not include any "unusual grants ")			<u> </u>			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						·
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			/			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		Ja 182				
	line 6)	<u></u>	<u> </u>	<u> </u>			
	tion B. Total Support		1 11/2 2211			1 1 2 2 2 - 1	10
Galer 9	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						<u> </u>
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	/					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				-		
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
14	First five years. If the Form 990 is for the organization, check this box and stop here		t, second, third, fo	urth, or fifth tax yea	ar as a section 50°	1(c)(3)	.
Sec	tion C. Computation of Public Su		tage		·~	 	
15	Public support percentage for 2017 (line 8			in (fl)		15	<u></u> %
16	Public support/percentage from 2016 Sche		•	(1))		16	<u> </u>
	tion D. Computation of Investme			·		<u></u>	
17	Investment income percentage for 2017 (li			, column (f))		17	%
18	Investment income percentage from 2016			• • •		18	%
19a	33 1/3% support tests—2017. If the organ			e 14, and line 15 is	more than 33 1/39	%, and line	
	17 is not more than 33 1/3%, check this bo	x and stop here.	The organization of	qualifies as a public	cly supported orga	nization	▶∟
b	33 1/3% support tests—2016. If the organ	nization did not ch	eck a box on line 1	14 or line 19a, and	line 16 is more tha	an 33 1/3%, and	
	line 18 is not more than 33 1/3%, check th	•	-		•	-	▶
20	Private foundation. If the organization did	not check a box	on line 14, 19a, or	19b, check this bo	x and see instructi	ons	>

Schedule A (Form 990 or 990-EZ) 2017

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section	A. All	Supporting (Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
			·
	1_1		
	2		
	3a		. , ,,_
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		· m.
	6		
	7		
	8		
ļ	9a		
	9b		,
	9c		
	100		
	10a		
	10b	or 990-E	7) 2047
·······································		, UI JJU-E	

		9-3726679		Page 5
_Pa	rt IV Supporting Organizations (continued)			Т
11	Has the accompanies accounted a set or particulation from any of the following particular	[Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	112	1	1
b	A family member of a person described in (a) above?	11a 11b		1
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110		
	tion B. Type I Supporting Organizations		<u> </u>	<u> </u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	ļ	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
Soot	supervised, or controlled the supporting organization		<u></u>	<u> </u>
Jeci	ion C. Type II Supporting Organizations		T 34.	
1	Were a majority of the organization's directors or trustons during the tay year also a majority of the directors		Yes	No
'	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			1
	the supported organization(s)	1	Ì	Ì
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta	x		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	_1_		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	^		
	the organization maintained a close and continuous working relationship with the supported organization(s)	_2_		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Secti	supported organizations played in this regard ion E. Type III Functionally-Integrated Supporting Organizations		ł	<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see			·
' a	The organization satisfied the Activities Test Complete line 2 below	: instructions)		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity	ity (see instructions)		
		1) (000 1101100110115)		
2 <i>A</i>	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	,		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
L.	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	3h	, 1	

Schedule A (Form 990 or 990-EZ) 2017 EARLY LEARNING COALITION C		59-3/20	6 / 9 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on			
instructions. All other Type III non-functionally integrated supporting organizations in	nust compl	ete Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		·
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	_8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		<u></u> , , ,
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7_		
8 Minimum Asset Amount (add line 7 to line 6)	`8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4	, , , , , , , , , , , , , , , , , , ,	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally integrate		supporting organization (see
instructions)			

Schedule A (Form 990 or 990-EZ) 2017

***************************************	t V Type III Non-Functionally Integrated 509(a)(3) S		tions (continued)	<u> </u>
Par		upporting Organiza	tions (continued)	Current Voca
Secti	ion D - Distributions	<u> </u>		Current Year
1_	Amounts paid to supported organizations to accomplish exempt purpos			
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supposes	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)		 	
6	Other distributions (describe in Part VI) See instructions			
	Total annual distributions. Add lines 1 through 6	·		
8	Distributions to attentive supported organizations to which the organiza	tion is responsive		1
	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
	Line 8 amount divided by line 9 amount	Г		/!!!\
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI) See			
	instructions			
3	Excess distributions carryover, if any, to 2017			
a				
	From 2013			
	From 2014			***************************************
	From 2015			
	From 2016			
	Total of lines 3a through e			
	Applied to underdistributions of prior years		······································	
	Applied to 2017 distributable amount			
<u> i </u>	Carryover from 2012 not applied (see instructions)			
L	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from			
	Section D, line 7 \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
<u>c</u>	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
	Excess from 2013			
	Excess from 2014			
<u> </u>	Excess from 2015			
<u>d</u>	Excess from 2016			
е	Excess from 2017			l

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1, Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990. Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information

Open to Public Inspection

Employer Identification number Name of the organization EARLY LEARNING COALITION OF 59-3726679 PINELLAS COUNTY, INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X

<u>Sche</u>	edule D (Form 990) 2017 EARLY LE	<u> ARNING</u> COA	LITIC	N OF		<u> 59-3</u>	726679		Page 2
P	art III Organizations Maintaini	ng Collections o	f Art, H	istorical T	reasures,	or Othe	r Similar Assets	(continue	d)
3	Using the organization's acquisition, acces collection items (check all that apply)	sion, and other recor	ds, check	any of the fol	lowing that a	are a signif	icant use of its		
а	Public exhibition	d 🗍	Loan or	exchange pro	grams				
b	Scholarly research	e 🗌	Other						
С	Preservation for future generations								
4	Provide a description of the organization's	collections and expla	in how the	y further the	organization	's exempt	purpose in Part		
	XIII								
5	During the year, did the organization solicit	or receive donations	of art, his	torical treasu	res, or other	sımılar			
	assets to be sold to raise funds rather than		part of the	organization	's collection	?		Yes	No
Pá	art IV Escrow and Custodial A					_		_	
	Complete if the organization 990, Part X, line 21	on answered "Yes	s" on Fo	rm 990, Pa 	irt IV, line	9, or rep	orted an amount	on Form	
1a	Is the organization an agent, trustee, custo	dian or other interme	diary for c	ontributions of	or other asse	ets not			_
	included on Form 990, Part X?							Yes	∐ No
b	If "Yes," explain the arrangement in Part XI	II and complete the f	ollowing ta	able					
							 	Amount	
	Beginning balance						1c		
	Additions during the year						1d		
_	Distributions during the year						1e		
f n-	• • • • •	5 000 D- 4V L-	. 04 (-4 b - b - t - 0	1f	77 77	
	Did the organization include an amount on					-		∐ Yes	No
	If "Yes," explain the arrangement in Part XI Endowment Funds.	II Check here if the	explanatio	n nas been p	rovided on F	an Alli			
Га	Complete if the organization	n answered "Ves	e" on Fo	rm 000 Pa	rt IV line	10			
_	Complete if the organization	(a) Current year	T	Prior year	(c) Two ye		(d) Three years back	(e) Four year	ars hack
12	Beginning of year balance	(a) carron your	1 (5)	11101 7025	(0) 110 90		(u) moo yours such	(0). 00. 70.	ura bacit
	Contributions		+					+	
	Net investment earnings, gains, and		+					+	
·	losses								
ч	Grants or scholarships							 	
	Other expenditures for facilities and		+					+	
٠	programs								
f	Administrative expenses		<u> </u>		<u> </u>			 	
g	End of year balance		┪┈		···			+	
2	Provide the estimated percentage of the cu	rrent year end halan	re (line 1a	column (a))	held as				
	Board designated or quasi-endowment	%	<i>50 (mio 19</i>	, 00,0,,,,,	,,0,0 25				
	Permanent endowment ▶ %								
-	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c sh								
3a	Are there endowment funds not in the poss		ation that	are held and	administere	d for the			
	organization by							Ye	s No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organi	zations listed as requ	ured on So	chedule R?				3b	
4	Describe in Part XIII the intended uses of the	·							•
Pa	rt VI Land, Buildings, and Equ								
_	Complete if the organization	n answered "Yes	on For	m 990, Pa	rt IV, line	11a_See	Form 990, Part	X, line 10.	
	Description of property	(a) Cost or other	basis	(b) Cost or o	ther basis	(c) A	ccumulated	(d) Book valu	0
		(investment)	(othe	er)	de	preciation		
1a	Land								
b	Buildings			1	64,390		148,799	15	,591
С	Leasehold improvements								
	Equipment								
е	Other								
^+al	Add lines to through te. (Column (d) must	ogual Form 000 Ba	d V colum	n (R) line 10				15	501

59-3726679 EARLY LEARNING COALITION OF Page 3 Schedule D (Form 990) 2017 Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12. (b) Book value (c) Method of valuation (a) Description of security or category Cost or end-of-year market value (including name of security) (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶ Investments—Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13. (c) Method of valuation (b) Book value (a) Description of investment Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (1) (2) (3) (4) (5) (6)(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (b) Book value (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)(7)(8)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

(9)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶

Part XIII Supplemental Information.

4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

e Add lines 2a through 2d

3 Subtract line 2e from line 1

b Other (Describe in Part XIII)c Add lines 4a and 4b

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information PART X - FIN 48 FOOTNOTE

THE COALITION IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE; THEREFORE NO INCOME TAX PROVISION IS REQUIRED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

<u>4a</u> 4b

MANAGEMENT HAS ANALYZED ITS VARIOUS FEDERAL AND STATE FILING POSITIONS AND BELIEVES THAT ITS INCOME TAX FILING POSITIONS AND DEDUCTIONS ARE WELL DOCUMENTED AND SUPPORTED, AND THAT NO ACCRUALS FOR TAX LIABILITIES ARE NECESSARY. THEREFORE, NO RESERVES FOR UNCERTAIN INCOME TAX POSITIONS HAVE BEEN RECORDED.

2e

3

4c

5

49,815,113

49,815,113

Schedule D (Form 990) 2017 EARLY LEARNING COALITION OF
Part XIII Supplemental Information (continued)

59-3726679

Page 5

Σ
₹
છ
•
Ξ
<u>თ</u>
5
Ñ
Ŋ.
Q
Ξ
0
Ŋ
Ñ
5
•

OMB No 1545-0047 Employer identification number 59-3726679 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990. EARLY LEARNING COALITION OF General Information on Grants and Assistance PINELLAS COUNTY, INC Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE 1 (Form 990) Part

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

the selection criteria used to award the grants or assistance?

Open to Public Inspection 2017

ŝ

×

Yes

(h) Purpose of grant Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form or assistance noncash assistance (g) Description of 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) (p) EIN (a) Name and address of organization or government Ξ 6 8 6 3 3 9 3 ල

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

Schedule I (Form 990) (2017)

Page 2

Schedule I (Form 990) (2017) EARLY LEARNING COALITION OF

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 59-3726679

Part III can be duplicated if additional space is needed

•	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, FMV, appraisal, other)
1 TEACH	1 TEACHER - SCHOLARSHIPS	346	165,294			
2						•
ო		,				·
4						
တ						
ဖ						
7			-			
Part IV	Supplemental Information. Provide the information		quired in Part I, line	2; Part III, column (b)	required in Part I, line 2; Part III, column (b), and any other additional information.	nformation.

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2017

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization

EARLY LEARNING COALITION OF PINELLAS COUNTY, INC

Employer identification number 59 - 3726679

FORM 990 - ORGANIZATION'S MISSION

TO PROVIDE A COMPREHENSIVE, HIGH QUALITY SYSTEM OF SCHOOL READINESS

PROGRAMS THAT ENHANCE THE EMOTIONAL, SOCIAL, COGNITIVE AND PHYSICAL

DEVELOPMENT OF CHILDREN THROUGH COLLABORATION WITH FAMILIES, PROVIDERS AND

THE COMMUNITY.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

WERE GIVEN TO THE CHILDREN IN PRIORITY 1&2 GROUPS; HOWEVER, THE COALITION

SERVED ECONOMICALLY DISADVANTAGED GROUPS OF CHILDREN AS WELL.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

JUNE, THE COALITION WAS IN COMPLIANCE WITH THE STATE REQUIREMENT FOR

ADMINISTRATION SPENDING RATE FOR VOLUNTARY PRE-KINDERGARTEN PROGRAM.

THE COALITION SERVED AN AVERAGE OF 6,624 CHILDREN PER MONTH DURING THE YEAR

2017-2018 AND CONTRACTED WITH APPROXIMATELY 250 VPK PROVIDERS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE FINANCE COMMITTEE WILL REVIEW AND ACCEPT THE FORM 990. AFTER THIS, THE BOARD OF DIRECTORS WILL APPROVE IT.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

NEW PRIVATE SECTOR MEMBERS ARE REQUIRED TO SIGN AN AFFIDAVIT STATING THAT

NEITHER "MY FAMILY NOR I MAY EARN AN INCOME FROM THE EARLY EDUCATION AND

CHILD CARE INDUSTRY. I HEREBY ACKNOWLEDGE THAT NEITHER MY FAMILY NOR I HAVE

EARNED INCOME FROM THE EARLY EDUCATION AND CHILD CARE INDUSTRY SINCE

Employer identification number

59-3726679

BECOMING A MEMBER OF THE COALITION, AND THAT NEITHER MY FAMILY NOR I WILL EARN INCOME FROM THE EARLY EDUCATION AND CHILD CARE INDUSTRY DURING THE PERIOD OF SERVING AS A MEMBER OF THE COALITION".

IN THE EVENT THAT AN ACTION TAKEN PRESENTS A CONFLICT OF INTEREST FOR A BOARD MEMBER, THE MEMBER MUST DISCLOSE THEIR CONFLICT AND ABSTAIN FROM THE VOTE. ADDITIONALLY, THEY MUST COMPLETE "FORM 8B MEMORANDUM OF VOTING CONFLICT FOR COUNTY, MUNICIPAL, AND OTHER LOCAL PUBLIC OFFICERS".

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL SALARIES OF EXECUTIVE AND KEY EMPLOYEES ARE REVIEWED AND BENCHMARKED AGAINST THOSE OF OTHER COALITIONS, LIKE-SIZED AREA NON-PROFITS, AND AVAILABLE RELEVANT PUBLIC SALARY SURVEYS. CEO SALARY IS DETERMINED AND APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

SALARIES OF EXECUTIVE AND KEY EMPLOYEES ARE REVIEWED AND BENCHMARKED

AGAINST THOSE OF OTHER COALITIONS, LIKE-SIZED AREA NON-PROFITS, AND

AVAILABLE RELEVANT PUBLIC SALARY SURVEYS. CEO SALARY IS DETERMINED AND

APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.